



**Montgomery County Department of Health and Human Services
Licensure and Regulatory Services**

255 Rockville Pike, Suite 100, Rockville, Maryland 20850

Phone: 240-777-3986 Fax: 240-777-3088

www.montgomerycountymd.gov/licensure

CERTIFIED SWIMMING POOL OPERATOR LICENSE APPLICATION

New ☐ Renewal ☐ Replacement of Lost Card ☐

TODAY'S DATE: _____

Name of Applicant: _____

Address of Applicant: _____
(include street number, suite number, street name, city, state, and zip code)

Date of Birth: _____ Home Telephone No. (with area code): _____
(Proof of Age Required)

Fax No. (with area code): _____ Email: _____

Last 4 Numbers of Social Security Number: _____

Renewal's Only: Exam Expiration Date: _____ Card Expiration Date: _____
(Re-exam required every three years)

I hereby certify the above information is accurate and complete to the best of my knowledge. I understand that providing false information may result in revocation of my Montgomery County Certified Swimming Pool Operator's License. I am aware that failure to renew this license within 180 days after the card expiration date will require re-examination.

Signature of Applicant: _____

Printed Name of Above Signatory: _____

Fee Information: Exam: \$30.00

Card: \$30.00 - 1 year; \$60 - 2 years; \$90 - 3 years.

(Cards may only be renewed for a maximum of 3 years)

OFFICE USE ONLY

Exam:

Check/Money Order No: _____	Check/Money Order No: _____	Date Card Issued: _____
Amount Paid: \$ _____	Amount Paid: \$ _____	Date Card Expires: _____
Receipt No: _____	Receipt No: _____	Date Exam Expires: _____
Exam Date(s): _____	ID No: _____	